# Diesel Truck Idling Reduction Grant Program

# **Application Form**

### **SECTION 1 - APPLICANT INFORMATION**



Business name:					
Address:					
City:	State:	<b>Z</b> ip:	County:_		
Web site:					
Date established or incorporated: _	F	===N/SS#:		oderal emboer iderlification un	
Principal administrative office(s) in 80% of payroll paid to employees e				сва впроја селисают п	us o suxi saunyuma)
Type of business: Common mot	or carrierCor	ntract motor ca	arrierPrivate	e motor carrier	
Number of full-time employees:					
CEO/Owner 's first name:	Lastr	name:	Midd	de initial:	
Phone number: ()	Fax	(number: (	_)		
E-mail address:					
Facility contact name:		Title:			
E-mail address:		1 Phonenum	rber: ()		— (Best number to reach you)
	SECTION	2-FLEET INF	FORMATION		
Federal DOT <sup>L</sup> Number:	Lea	sed to (compa	any):		
Number of truck tractors in fleet with	n post-1998 diesel	truck engines	τ	(ifa —	oplicable)
How many vehicles in your fleet aire * Types (check all that apply)AE			-		
Number of idling reduction units bei	ng applied for:	<sub>1</sub> Total ar	mount requested	(\$):	-

 $\textit{The following table shows the maximum number of idling reduction units that an applicant may have funded under the program and the program of the progra$ 

Applicant's Number of Eligible Trucks	Maximum Number of Units Funded
1	1
2to 10	2
11to50	2, or 10% of the applicant's number of
1100	eligible truck tractors, whichever is greater
51 to 250	6, or 7% of the applicant's number of
JIDZD	eligible truck tractors, whichever is greater
251 to 500	18, or 6% of the applicant's number of
20110000	eligible truck tractors, whichever is greater
501to 2500	25, or 9% of the applicant's number of
301 62,330	eligible truck tractors, whichever is greater
Over 2,500	3% of the applicant's number of eligible truck tractors

# **SECTION 3 - TRUCK INFORMATION**

Information about the truck tractor(s) for which you are requesting grant coverage:

·	 
	Vehicle (N/U)
	Engine a Year
	Engine a Current Vehicle b Year Usage (Miles Per Year)
	Tout_abil Number of Miles Traveled in Wisconsin
	Total Miles b Traveled in Wisconsin Non- attainment Counties e (If Known)
	Average b Miles Per Gallon
	Average b Idling Time (Hours/Month)
	Average b Idling Time in Wisconsin Nonattainment Counties e (Hours/Month) (If Known)
	Vehicle Identification Number (VIN)
	Type of <sup>C</sup> Idling Reduction Unit: AES, APU, BP, DFH, ERS, Other
	Unit Base_Price Quote d
	Installation d Price Quote
	Total Price
	Sleeper Berth Truck Tractor (Y/N)

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APU: Auxiliary Power Unit

Sheboygan, Ozaukee, Manitowoc, Kewaunee, and Door

Wisconsin Ozone Nonattainment Counties include: Kenosha, Racine, Milwaukee, Waukesha, Washington,

521, and therefore are not eligible for a grant

BP: Battery Powered HVAC Unit
DFH: Direct Fired Heater/Bunk Heater Unit

ERS: Energy Recovery System

l<u>temized</u> Unit and Installation Price Quote: Include paper copies of the estimated costs (including applicable taxes).

Commerce will determine reasonable costs by using current market pricing standards and industry information provided by the EPA

Commerce will not award grants for idling reduction equipment purchased or installed prior to July 1, 2006. Proof of purchase

se and installation after July 1, 2006, must be made to be eligible for this grant.

Smartway Program.

Applicants receiving grants covering more than one idling reduction unit must purchase idling reduction units of more than one type and from more than one manufacturer. The department may impose other conditions on the receipt of grants

Please copy this page if you are applying for grant coverage for more than five truck tractor units.

b Provide information gathered over a 12-month period. (If the vehicle is "new," provide an estimate.)

<sup>&</sup>lt;sup>C</sup> **AES**: Automatic Engine Shutdown Unit

### ATTACHMENT A - CERTIFICATION STATEMENT

The Applicant:

- 1. Certifies that to the best of their knowledge and belief, the information being submitted to Commerce is true and correct.
- 2. Certifies that the applicant is in compliance with all laws, regulations, ordinances and orders of public authorities applicable to it.
- 3. Certifies that the applicant is not in default under the terms and conditions of any grant or loan agreements, leases, or financing arrangements with other creditors.
- 4. Certifies that the applicant has disclosed and will continue to disclose any occurrence or event that could have an adverse material impact on the project. Adverse material impact includes but is not limited to lawsuits, criminal or civil actions, bankruptcy proceedings, regulatory intervention or inadequate capital to complete the project.
- 5. Understands that unless qualifying as a trade secret, all information submitted to Commerce is subject to Wisconsin's Open Records Law.
- 6. Certifies that the applicant is not in default under state and federal tax laws.
- 7. Understands personal information provided may be used for secondary purposes [Privacy laws s.15.04(1)(m), Stats.]
- 8. Agrees to collect information relating to the operation and performance of each idling reduction unit covered by the grant, as required by Commerce, and to report that information to Commerce.
- 9. Certifies that the applicant owns and \_\_\_\_\_ operates the truck tractor(s) for which it is applying for grant coverage.

### **APPLICANT CERTIFICATION**

I CERTIFY TO THE BEST OF MY KNOWLEDGE THAT THE INFORMATION IN THIS APPLICATION IS TRUE AND CORRECT AND THAT I AM A LEGALLY AUTHORIZED SIGNATORY OR DESIGNEE FOR THE SUBMITTAL OF THIS INFORMATION AND ANY OTHER REQUIRED INFORMATION ON BEHALF OF THE APPLICANT.

Signature	Date
Print Name	Title

# Diesel Truck Idling Reduction Grant Program Contact Jean Beckwith Wisconsin Department of Commerce Bureau of Entrepreneurship Phone: (608) 261-2517 Email: Jean.Beckwith@wisconsin.gov Website: commerce.wi.gov/dieselgrantprogram

Please return the completed application to the:

Wisconsin Department of Commerce
Attn: Diesel Truck Idling Reduction Grant Program
P.O. Box 7970

Madison, WI 53707-7970

Division of Executive Budget and Finance
State Controller's Office
DONOT SEND TO IRS

### ATTACHMENT B

## W-9 TAXPAYER IDENTIFICATION NUMBER (TIN) VERIFICATION

This form can be made available in alternative formats to qualifie	d individuals upon request.		
Legal Name: (as entered with IRS) Individuals: Enter Last Name, First Name, Middle Initial Sole Proprietorships: Enter Last Name, First Name, Middle Initial All Others: Enter Legal Name of Business		Entity Designation: (check only one)  Individual / Sole Proprietor Corporation (includes service corporations) Limited Liability Partnership Limited Liability Corporation Government Entity	
Trade Name: Individuals: Leave Blank		Hospital Exempt from Tax or Government Owned Long Term Care Facility Exempt from Tax or	
Sole Proprietorships: Enter Business Name All Others: Complete only if doing business as a D/B/A		Government Owned All Other Entities	
Remit Address: Address where awarded funds check should be se different from primary address PO Box or Number and Street, Ci ZIP+4		Taxpayer Identification Number (TIN):  If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN. However, using your EIN may result in unnecessary notices to the Requester.	
Order Address: Address where order should be mailed PO Box or number and street, City, State, ZIP+4			
[NOT APPLICABLE]  Primary Address: Address where 1099 should be sent if different remit address  PO Box or number and street, City, State, ZIP+4	t from	Check Only One  Social Security Number (SSN) Employer Identification Number (EIN) Individual Taxpayer Identification Number for U.S. Resident Aliens (ITIN)	
Certification: Under penalties of perjury, I certify that:  1. The number shown on this form is my correct taxpayer id  2. I am not subject to back up withholding becau Revenue Service (IRS) that I am subject to back up withhold notified me that I am no longer subject to backup withhold  3. I ama U.S. person (including a US resident alien).  Signature	se (a) I am exempt from backup withholding, or ding as a result of a failur	r (b) I have not been notified by the te to report all interest or dividends, or  Telephone Number  ( )  Date (nm/dd/ccyy)	Internal (c) the IRS has
For Agency Use Only			
Agency Number Contact		Phone Number	
Change Name Address	Other (explain)		

For all projects approved by Commerce, this formis used as a reference for issuing checks to Recipients. Commerce will file with the IRS appropriate income tax forms for award Recipients based on information that appears on this form Failure to provide this information may result in delayed payments. This request is being made at the direction of the Wisconsin State Controller. We are required to informyou that failure to provide the correct Taxpayer Identification Number (IIN) / Name combination may subject you to a \$50 penalty assessed by the Internal Revenue Service under section 6723 of the Internal Revenue Code. Section 6109 requires you to famish your correct TIN to persons who must file information returns with the IRS to report interest, dividends, and certain other income paid to you, mortgage interest you paid, the acquisition or abandonment of secured property, or contributions you made to an IRA. The IRS uses the numbers for identification purposes and to help verify the accuracy of your tax return. You must provide your TIN whether or not you are required to file a tax return. Payers must generally withhold 31% of taxable interest, dividend, and certain other payments to a payee who does not famish a TIN to a payer. Certain penalties may also apoly.